No. 02

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PHYSICIANS should of OCCUPATION is RECORD PERMANENT EXACTLY. UNFADING INK-THIS AGE carefully supplied. PLAINLY, WITH terms, in plain item of information DEATH WRITE CAUSE OF important.

certificate.

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on back

See instructions

an 2/ 1914

state Very

403 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
Vil	lage or City lengtown (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35 NE	oale White (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	ATE OF BIRTH Feb. 14-, 143.4 (Month) (Day (Year)	that I last saw ham allow on gan 19 th 1914
T A	(====	and that death occurred on the date stated above, at 8:309 m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trade, profession, or Lay Labory 03 Cleneral nature of Industry, cliness, or establishment in ich employed (or employer)	Crojanic heart dicease lea page of ening value (Ouration) yrs = mos 28 ds
-	IRTHPLACE (State or country) Carroll 60 And	Secondary O-LA 95
ARENTS	10 NAME OF Phillip Unders 11 BIRTHPLACE OF FATHER (State or country) Untrover	(Signed) C - M & B & M. D. (Signed) C - M & B & M. D. (Signed) M & B & M. D. (Signed) M & M. D. *State the Disease Causing Death, on in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
b/d	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Sermany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
	(Information Many James Onders	Where was disease contracted, It not at place of death? Former or usual residence
15	(Address) Senseytown And	Janentown Med Jan 22, 1914

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulcated thus: causing neath, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (mcrely symptomatic), "Atrophy." valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally. Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory Always qualify ail diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Cau-State cause for Never report



BINDING RESERVED MARQIN

S. No.

N. B.

PERMANENT UNFADING INK-THIS WITH PLAINLY.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD See instructions on back of certificate. Important. PLACE OF DEATH arrall

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[it death occorred la

FULL NAME NO SI CON	a hospital or lostitulica, give its NAME lostaad of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala Un Car Stingle, Manager, Wistoner, Write the word	(Month) (Day) (Year) 17. HEREBY CERTIFY That I attended deceased from
S DATE OF BIRTH (Month) (Day) (Year)	no astronos no a standante
7 AGE 11 LESS than 1 day	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Frada, profassion, or parficular kind of work (b) General nature of Industry, businass, or establishmeet to which employed (or amployer)	by Shill form Child pubally 5 Tas I well (Doration) - yrs mos os.
9 BIRTHPLACE (State or country) Su Kessille Mu	(Secondary)
OF TATHER Shulley Awrong Country of Mother Of Mother Country But 12 Maiden NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OT	(Signed) (Signed) (Signed) (Address) (Signed) State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Throwing Name of Na	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the 10 the 11 the 12 the 12 the 13 the 14 the 14 the 14 the 15 t
(Interment) of the West of My Knowledge (Address) of Mess ble Mis	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed for 3-1 1914 locustation	While to che Cell Jan 3, 1914

If more blanks are needed, address State Begistrap 6 E. Franklin St., Balto., Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of __ ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (disease causing "Dropsy," ... (name origin; "Candeath), 29 "Exhaustion, Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECESTVED FEB 5 1914 BUREAU, V.S.

		44
	RECORD	PHYSICIANS should
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
No. 1.		Every CAUS impor

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. (If death occurred in .. Ward) a hospital or institution. give its NAME instead of street and number. 1 1 C0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 gry 4 COLOR OR RACE MARRIEO, Morred (Day) OROIVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ... 191 ..., to alive on lous (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which amployed (or employar) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF (Signed) au 11 1914 (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME V OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death yrs. mos. ds. State yrs. mos. Where was diseasa contracted. If not at piaca ot death?... Former or usuai residence DATE OF BURIAL 15 ADDRESS REGISTRAR if more blanks are needed, address State Registfar, 6 E. Franklin St., Ealto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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RECORD

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH should is County.... OCCUPATION Registration Dist. No ... Courrollton (No. PHYSICIANS St :----Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE if LESS than on the date stated above, at 1 dayhrs. OR min. ? properly BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry. pe business, or establishment In which employed (or amployer) -----Contributory # certificate. ⁹ BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER (Signed) Jo back . 191 .H. (Address) 11 BIRTHPLACE terms. RENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidenuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain A OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER of death _____ yrs. ___ mos. ___ (State or country) _ ds. State yrs, mos. ... DEATH Where was disease contracted. 14 THE ABOVE IS Sec If not at place of death?. of Former or Item 上の usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL Every It 15 20 UNDERTAKER m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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give its NAME lostead of street and number. I

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred inWard) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 18 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE. MARRIED Midowes (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ask (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day. hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ./// reumalion, 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death ____ yrs. ___ mos. ___ ds. State yrs. ____ mos. Where was disease contracted. BEST OF MY KNOWLEDGE It not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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W. B. No. 1.

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Village or City Westminster (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male While Single, Male While OR HACE SINGLE, MARRIED, WIDOWED, OR OLVERGED (Write the word)	18 DATE OF DEATH Jan 3 Z Justing 19114 (Month) (Vay) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Left 24 (Month) (Day) (Year)	Jan, 9th , 1914, to Jan 13 to , 1912.
7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work (b) General nature of Industry,	Prenmonia Lober
business, or establishment to which amployed (or amployer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF Benjamin Bixler 11 BIRTHPLACE OF FATHER 12 DE FATHER	(Signed) Johnson Stewart , M. D. June 14th, 19/64 (Address) Stationnistes Ged
OFFATHER (State or country) Courrolles Md 2 MAIDEN NAME OF MOTHER Olly / Luck	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT BESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country arrolles Mid	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted.
(Informant) Mrs Jonathan Bigler	If oot at place of death?————————————————————————————————————
(Address) Westmus Er Ma	Byler Coursey Jan 1814
Filed Jans. 14 de 1914 Odwin Ar Shrimi REGISTRAR	Las. M. Slorter Martinest
If more blanks are needed, address State Registra:	r, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Maras-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Aiways qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds.; State cause for



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

ounty Carroll Village or City Millers (No. 2 FULL NAME Emanuel Bold	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) St; Ward) if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARNIED, MONIEL WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH April 5 1839.	16 DATE OF DEATH Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Acc 2/ 1912, to Jan 6th 1914. that I last saw have alive on Jan 6 1914.
(Month) (Day) (Year) AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
COCUPATION (a) Trade, profession, or particular kind of work	(Duration) — yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF John Bollinger 11 BIRTHPLACE (State or country) Waknow 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) J. J. (Address) Manches les 'M. D. *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 4 Mary J. Ballings.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
Filed // 1914 J. P. Balloger REGISTRAN	19 PLACE OF BURIAL OB REMOVAL MUNCHESTER CENETARY 20 UNDERTAKER ADDRESS THE PROGRAMMENT OF MUNCHESTER MANY 11, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
II more blanks are acceed, address blanc beginned	a, v m. Plankin St., Dartos, mequencing v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Deblifty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of ... (name origin; "Can-State cause for For VIO-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... Ilt death occurred in St .:Ward) (No..... a hospital or Institution. give its NAME instead of street and number. T ward Grothers. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH due des one my assival (Year) (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, at 1 day hrs. OR ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----Contributory. BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death State yrs, mos, ds. _____ yrs. ____ mos. __ Where was disease contracted. it not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, periionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUTEPTEAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 de.; Examples: For vio-



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1 PLACE OF DEATH 4 PHYSICIANS should state of OCCUPATION is very PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDDWED, Widowe ORDIVERCED (Write the word) DATE OF BIRTH (Month) TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO CAUSE OF (Informant) Important. (Address) .. 15 0 ż

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

tes Stale Most	St.; Ward) [If deeth occurred in a hospital or institution,
NAME Josiah Colu	give its MAME instead of street and number.]
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FOLOR OR RACE Single, MARRIED, WIDDWED, WILDOWER (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
June 17, 1830. (Month) (Day (Year)	that I last saw have allow on how 11 th 1914.
yrs. 6 mos 25 ds. OR min.?	and that death occurred on the date stated above, at # A. m. The CAUSE OF DEATH* was as follows:
Betweed Farmer	Premova John Ms
nt in yer)	(Ouration) — yrs — mos 22 ds.
adams Co Pa	Secondary Old age
Jacob Cluto	(Signed) & M · Po en e . M. D.
intry) Unknown	*State the DISEASE CAUSING DEATH, of, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Corearing Paungar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
untry) Wisknown	of death yrs mos ds. State yrs mos ds Where was disease contracted,
The Club	If not at piece of death? Former or usual residence.
aneylow Mid	aneytown Ind Jan 14. 1814
1914 Joe a pegistrar	To. O. Juso Janey town had
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Ralto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care dutics of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the Insease causing death—In and respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Curonic cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For v10mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Canture of the American Medical Association.) The contributory Always qualify all discases resulting from Meastes (disease causing death), 29 ds.; SUICIDAL, OF HOMICIDAL, OF as probably (Recommendations on statement of (secondary or Intercurrent) State cause for Never report



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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT See Instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s Important. N. B.

1 PLACE OF DEATH Carroll County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 78

Village or City Wufield (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Lod, Single, Married, Widoweb, ORDIVORCED (Write the word)	16 DATE OF DEATH Aun
8 DATE OF BIRTH 9 5 , 18 3 6 . (Month) (Day (Year)	17 I HEREBY CERTIFY. That I attended deceased from fan. 14, 1914, to fan. 18, 1914. that I last saw have allow on fan. 18, 1914.
TAGE It LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 3 pm. The CAUSE OF DEATH* was as follows: Transmatic Premioria
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	Contributory Fall func a not secondary
10 NAME OF Justinown no record what	(Signed) Edwin D Cronk, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAID NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Moses A. Costley.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, it not at place of death? Former or
Filed Jan: 19, 1914 Jack Farrer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Tarrowan Center Janes 2 1914 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the disease gainfully employed, as At school or At home. mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (secondary or intercurrent) death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAULY: S.

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Very pinous OCCUPATION PHYSICIANS RECORD o statement classified. pe properly supplied. be may certificat carefully that 80 0 pe back plain terms, pinous 0 Instructions Information _ of Inform DEATH Item E OF OF mportant, CAUS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Carroll Registration Dist. No. lif death occurred to Expelet St. A a hospital or lestitution. give Its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. Wednesd WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH over that I last saw head... allve on Jan 16 (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH* was as follows: OR mic. ? 6 OCCUPATION (a) Frade, profession, or Housewor particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted OF MY KNOWLEDGE If out at place of death? lumes usual residence. herrelle DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 8 E. Franklin St., Balto., Requesting V. S. No. A.

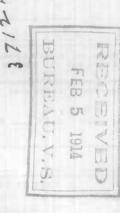
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home: Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not minc, etc. material worked on may form part of the second the nature of the business or industry; and therefore an essary to know (a) the kind of work and also Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative mealthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT. DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-The nature of the State cause for Examples: For VIO-

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STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution, give Its NAME Instead of street and number.] married name MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATHS 4 COLOR OR RACE 5 SINGLE. MARRIEO, 1916 WIDOWEO. ORDIVORCED WITOTER Month) (Year) (Day I HEREBY CERDIFY. That I attended deceased from months as alive on (Month) (Day TAGE If LESS than and that death occurred on the date stated above, as cia 1 dayhrs. OR 7 properly many BOCCUPATION (a) Trade, profession, or Tone particular kind of work. pe (b) General nature of industry, business, or establishment in which employed (or employer) Ifouse wor certificate. 9 BIRTHPLACE (State or country) Contributory. 10 NAME OF FATHER 80 0 11 BIRTHPLACE (Address) OF FATHER PAREN (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER Instructions piai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE 5 At place In the OF MOTHER (State or country) of death State yrs. ___ mos. yrs. mos. ... _ ds. DEATH Where was disease contracted. 14 THE ABOVE IS TRUE TO See If not at place of death? OF usual residence mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAUSI 16 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registra, 6 E. Franklin St., Balto., Requesting V. S.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tabereucisis of lungs, meninges, peritonaeum, etc., Carcin-

canse. Always qualify all diseases resulting from ralvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhanstion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," ample: Measles (disease cansing affection need not be stated unless important. oma, Sareoma, etc., of..... (uame origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the which snrgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of death), 29 ds.; For vio-



No.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD A <u>IS</u> PLAINLY, WITH UNFADING INK-THIS WRITE N. B.

County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 80
Village or City New Munds No. 2 FULL NAME Sarah Conn D.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female white Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Mooth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Nov. 12 1913 to 2 3 1 1913 . that I last saw her alive on 2 3 1 1913
TAGE 8 O yrs. 5 mos. ds. OR min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 11.30 G. m. The CAUSE OF DEATH* was as follows: No positive diagnosis can be given - although 80 gears of age. The symptomy were there I general parents Jimpulial she forest have defined for 10 years Healthal are Al (Ouration) 10 yrs mos ds.
State or country) Carroll Co. Mol	Contributory Linkings *(Secondary) (Duration) yrs. mos. ds.
TATHER Reuben Haines 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D. (Signed) , M
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY, KNOWLEDGE (Informant) Muluam & Daline	ABLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, if not at place of death? Former or usual residence
Flied Jan 3 , 1914 Godward Hest Lucal REGISTRAR pore blanks are needed, address State Registrar, 6 E	18 PLACE OF BURIAL OR REMOVAL Dife Creek Cemetery Jan 4 7 , 1814 20 UNDERTAKER ADDRESS PL. Bankard from Hestminter Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion." (Recommendations on statement of (name origin; "Can Examples:

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RECEIVED
FEB 5 1914
BUREAU, V.S.

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Instructions

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... If death occurred in .Ward) a hospital or lostitution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WA WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory_ (Secondary) 10 NAME OF FATHER OF FATHER (State or country) S ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country __ yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. If not at place of death? usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting

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RECEIVED FEB 5 1914 BUREAU, V.S.

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state CERTIFICATE OF DEATH should PHYSICIANS show Registration Dist. No. If death occurred inWard) a hospital or institution. RECORD give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, BINDING (Month) (Day Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than f dayhrs. The CAUSE OF -mln. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) ... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER of back ARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 0 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER (State or country) of Inform DEATH _ mos. _ State Where was disease contracted. If not at place of death? Item OF mportant. usual residence Ш Every 16 20 UNDERTAKER ADDRESS m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

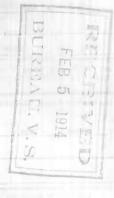
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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," (4)

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Instructions

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 4 COLOR OF RACE MARRIED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE , t9t (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN. 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs, ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO KNOWLEDGE It not at place of death? Former or (Intormant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrat, & E. Franklin St., Raito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.) For persous should be taken to report specifically the occupatious Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live Is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: But in many "Foreman,"

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 7 4 inskeld State Marchite Rord Ilf death occurred in a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH Van (Day 7 AGE If LESS than and that death occurred on the date stated above, at 11.30 1.m. f dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or moulder particular kind of work (b) General nature of industry. business, or establishment in Sendage which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) Michigan. (Duration) Clare Kennes Wads. 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place Where was disease contracted. If not at place of death? Henry Necupel. usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH

STATE OF MARYLAND

Co	ounty Carroll	CERTIFICATE O	OF DEATH
00	MILLY	Registration Di	st. No
Vii	Pull NAME (Drene Llay)	St; Ward	[If death occurred in a hospital or Institutioo, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
35	emale wite Single, MARRIED, Covorced Widowed Civorced (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That	(Day (Year)
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9 8	IRTHPLACE (State or country)	Secondary	
	10 NAME OF FATHER UN del	(Signed) ay	yrsds, M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, o	
	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY;	
	13 BIRTHPLACE OF MOTHER (State or country)	on RECENT RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place in the of death yrs	
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usoal residence.	
16	(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
FI	led, 191	20 UNDERTAKER	ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 7 4 Ilt death occurred in a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE, SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) TAGE If LESS than and that death occurred on the date stated above, at J. 30 Am. 1 day __hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, protession, or particular kied of work..... (h) General nature of industry, business, nr establishment in which employed (or employer) ------9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ., 191 4 (Address) FNI OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death __ yrs. 10 mos. 15 ds. Where was disease contracted. It not at place of death?. usual residence.... DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BUREAU, V.S.

7. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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PEAGE OF BEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Carroll	
4	Registration Dist. No. 76
Village or City Westmanster (No. /	St; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Waste Single, Married, Widowed, Widower, Widower, Winder the word)	16 DATE OF DEATH AMMALIAN (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Carry 17 , 1914, 10 Jany 25 , 1914,
(Month) (Day) (Year)	that I last saw h was alive on Jery 24 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 8 A, m,
85 yrs. 8 mos. 2 6 ds. 0R mlo.?	The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kilod of work. House Configuration	J. J
(b) Genoral nature of Industry, business, or establishment to which employed (or employer)	Olu Week (Doration) yrs mosds.
*BIRTHPLACE (State or country) **Manual Country (State or country) **Manual Country (State or country)	Contributory Old age (Secondary) over the way of the contributory
10 NAME OF FATHER ON SELECTION OF SELECTION	(Signed) Jas. H. Rilleiples, M. D.
11 BIRTHPLACE (State or country) Maryland	Juy 25, 1914. (Address) W. Strinerte Luce.
(State or country) Mary curd 12 MAIDEN NAME OF MOTHER	"State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Margaret 4 Jewder	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) alizabeth Jalan	Former or usual residence.
(Address) Westing ter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Jags will Eller	20 UNDERTAKER ADDRESS
Filed (and) 1914 WITH REGISTRAR	TI 11881 111 1 5
If more bianks are needed, address State Registration	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as nine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia," bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUEEPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ Accidental drowning; Struck by railway trainmere symptoms or Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing terminal conditions, such as "As-(name origin; "Candeath), 29 de.; "Exhanstion," Never report Examples: For VIO-



OCCUPATION PHYSICIANS Jo proper certificate. 10 Instructions plai Information DEATH See Jo Item POF mportant.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred to Ward) a hospital or Institution. giva its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. MARRIED. WIDOWED. (Month) OROIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from (Day) (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. Спиниста BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General natura of Industry, business, or establishment in which employed (or employer) Contributory.... State or country (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Addrass) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country of death yrs. mos. _ ds. State _____ yrs, ____ mos. Where was disease contracted. If not at place of death?. DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative kealthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speclmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acclsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (disease causing ... (name origin; "Candeath), 29 ds.; State cause for Never report Examples: For VIO-



No. 1.

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-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.-

PLACE OF DEATH 424	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
County County	Registration Dist. No. 8
0.1100	Registration Dist. No.
Village or City Middle Lug (No	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH
WIDOWED.	(Month) (Day (Year)
Mell Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	191 to 1/00 13 1, 1914,
(Month) (Day (Year)	that I last saw han alive on you 11
7 AGE If LESS than	and that death occurred on the date stated above, at 3 0 m.
7 6 / 0 0 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mcs ds. OR min. ?	A lot langer.
GOCCUPATION (a) Trade, profession, or	
particular kind of work	
(b) General nature of Industry, business, or establishment in	(Buratian) was not
which employed (or employer)	(Duration) yrs mos
State or country) Middlelung	Secondary (Burettee)
10 NAME OF Michael Na hle	(Signed) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	1-13-, 191 / (Address) Min Bidg Kd
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother Bridge A Little	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Nava M. Machely	If not at place of death?
(Address) Middleburg Mid	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
Aduress	Maddeburg Jan 15, 1914
Filed Juny 14, 191 st Teslie O Refs	20 UNDERTAKER ADDRESS
PIEGISTRAR	60 Fres Las tretainens
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BURBAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

PLAGE OF DEATH 425	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
County Let We Let Let Let Let Let Let Let Let Let Le	Registration Dist. No. 75
Village or City bear Ganeharter (No.	St.; Ward) Alf death occurred in a hospital or lightition.
E D. A 9	givo its NAME iostead
* FULL NAME Oleas marke	ef street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Jan 1st 1914
WIDDWED, A Labourer	(Month) (Day) (Year)
Pale (Write the word)	17 Dee 3!, 1913, to 2 1st 1914.
Sept. 27, 1832	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Month) (Day) (Year)	that I last saw h Ann. alive on 1914.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. or mio.?	- Cerebral Hemonhage
8 OCCUPATION (a) Frade, profession, or particular kind of work (b) Farmer	
particular kind of work	
business, or establishment in which employed (or employer)	(Duration) yrs mos Zds.
9 BIRTHPLACE (State or country)	Contributory My ocaralitis artisso-
so arrow bond	Seteroses (Deration) yrs mos ds.
10 NAME OF FATHER COLONIA SOL	(Signed) WRSpermer, M. D.
o 11 BIRTHPLACE	Jan 2, 191 of (Address) Manchester md.
OFFATHER (State or country) & arroll lo Ind	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
2 12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
(State or country) York lea, Pa	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
Informant) Les maple:	Former or usual residence
(Address) R. #3 - Witminster Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 0 Q Q Ar	Hanchester man Manuary 4, 1914
Filed 1914 The Jackson Representation	20 UNDERTAKER ADDRESS
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	ma

[Approved by U. S. Census and American Public Health Association.]

fleation, as Day laborer, Farm laborer, Laborer-Coal applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as minc, etc. material worked on may form part of the second the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.). For persons Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the DIBEABE CAUSING DEATH (the primary affection with respect to titue and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal scotichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF '88 probably mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ture of the American Medical Association. hart failure," "Haemorrhage," "Inanition," "Maras The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion," Examples: For vio-



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state SICIANS should OCCUPATION IS RECORD 00 PERMANENT statemen Exact classified. properly supplied. may be p certificate. oarefully o 000 terms, on back should 60 ATH in piain instructions Information DEATH WRITE See Jo Item OF mportant. Every

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Consoll Registration Dist. No. It death occurred to St .:Ward) a hospital or institution. give its NAME lostead of street and comber. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, a 1 day hrs. OR min. ? BOCCUPATION (a) Frade, profession, or (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory BIRTHPLACE Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death (State or country _____ yrs. ____ mos. ____ ds. State yrs, mos, ds. Where was disease contracted, 14 THE ABOVE IS TRUE It oot at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more bianks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved-by U. S. Census and American Public Health

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds. State cause for "Exhaustion," Examples: For VIO-



T. S. No. 1.

N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Tanksburg (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospitat or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
*SEX	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
October 12, 1830 (Month) (Day) (Year)	that I last saw h. ins. alive on Love 31 25 1913
7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 10,304m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	Progressive amarication probably and to intestinal attoplay (Doration) yrs. 6 mos. 15. Contributory (Secondary)
11 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country) 16 MAIDEN NAME OF MOTHER (State or country) 17 MAIDEN NAME OF MOTHER (State or country) 18 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Informant) The Secretary of MY KNOWLEDGE (Informant) The Secretary of MY KNOWLEDGE (Address) Tanks Start Secretary of MY KNOWLEDGE	Where was disease contracted, If oot at place of death? Former or Usual residence
Filed Jan - 4 1914 Edwin H. Shriver REGISTRAR	Reisterstorm ma Jan 3 , 1914. 20 UNDERTAKER ADDRESS Trank & Sharrer Westersules

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the ture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Examples: For VIO-



RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

2.	
PLACE OF DEATH 428	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Darroll	70
(h) 01.	Registration Dist. No.
Village or City JUN Jundson (No.	Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME MAIGANT O	Joole
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FINAL 4 COLOR OR RACE SINGLE, MARRIED, MIGHE	16 DATE OF DEATH January 6 1, 1914 (Month) (Day) (Year)
C DATE OF BIRTH (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
May 27 1831	Abamba 18th, 1906, to January 6th, 1914,
(Month) (Day) (Year)	that I last saw h M. allve on Junaning 6 4 , 1914
7 AGE	and that death occurred on the date stated above, at 4.30 Qu, m,
\$-2 yrs. 7 mos. 3 ds. 0Rmin.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Chronic rephretis
(a) Trade, protession, or particular kind of work	
(b) General nature of Industry,	A do my knowledge.
business, or establishment in which amployed (or employer)	(Duration) 7 yrs. mos. ds.
9 BIRTHPLACE	Contributory Unteria Sclerosis
(State or country) Liberty. France for	(Secondary) (Ogration) (Unknym) mes. ds.
10 NAME OF	Mt 0' (Ouration)
FATHER WICHLAND OOCLE	(Signed) filesting Flatly, M. D.
M 11 BIRTHPLACE	flin 7 a, 1914 (Address) New Windson
State or country) File. 60. Md. 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
a De Mother Delle Sunglus	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Ogrand Oo.	At place in the ot death yrs mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Thomas Slingluff.	Former or usual residence
(Address) New Windrew, md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A 1 1 1 Mart	resbyteruan bem Jam 8, 191.
Filed Jan 7 , 1914 Colward Will REGISTERS	20 UNDERTAKER APPRESS
- U H BEAR	Hyannaraevon, mummun
it more blanks are needed, address btate Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation hus of persons engaged in domestic service for wages, as sbould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Never return "Laborer," As examples: For persons "Foreman," (6)

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pinous OCCUPATION PHYSICIANS RECORD PERMANENT properly AGE supplied. O NIG certificate. that 00 pe terms, should plain Instructions Information 5 DEATH OF item Every item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.fit death occurred in -Ward) a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WICOWEO, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH slive on dan (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, 2_hrs. OR .- . min. ? bular Pneumorua BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, 3 writes business, or establishment in which employed (or employer) Gontributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the yrs. mos. ds. State yrs. mos. ds Where was disease contracted. KNOWLEDGE If not at place of death? usual residence. REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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20 UNDERTAKER

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PHYSICIANS RMANENT EXACTLY. 4 pe P our AGI INK supplied. UNFADING carefully WITH should AINLY Information of Inform DEATH WRITE Every Item CAUSE OF Important.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVERCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) (Day) If LESS than TAGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? mos. BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment la which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE (Address) L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, etate (1) MEANS OF INJURY; and (2) whether ACCIDEN-PARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. It not at place of death? (Informant) OR REMOVAL DATE OF BURIAL 40 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers the nature of the business or indust;; and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative acalthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For victhenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned "Contributory." is less definite; avoid use of "Tumor" for malls. The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for



W. S. No. 1.

	*	VRITE	0.	LAINI	٢,	WIT	I	UNFA	DING	N.	K-T	HIS	IS	A PER	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	RECO
N. B.—E	Very Item	F DEA	TH	nation in pla	shot	d bla	0	arefully	suppl	led.	AGE	shoul	d b	stated	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	PHYSIC
- L	Important. See Instructions on back of certificate.	See	nstr	uctions	2 0	back	20	certifies	10	9	200	2	2		a statement	5

43%	1038 STATE OF MARYLAND
PLACE OF DEATH	STATE OF MARYLAND
County Carroll 1	CERTIFICATE OF DEATH
12 4	Registration Dist. No.
Village or City / Smuester (No.	St; Ward) [It death occurred in a hospital or institution,
*FULL NAME Audrews	Specices give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute 5 single, Married, Widoweo, ORDINGRETO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH AND 10 1912	Lee 15 , 1913 to fan 28 , 19146.
(Month) (Day) (Year)	that I last saw hadam alive on Jan 2, 1914
7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, at 2,000 Q m,
yrsmosds. ORmin.?	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Frade, profession, or	faisaina fram Parialet
particular kind of work	"Elineary"
(b) General nature of industry, business, or establishment in	Cleuto rephoras (Doration) yrs mos ds.
which employed (or employer) BIRTHPLACE (State or country) Carrolle Migl	Contributory (Secondary)
10 NAME OF Charles, Specier	(Signed) Description yrs mes ds.
H OF FATHERY Carroll for MA	Jan 29, 1914. (Address) We Meetingter had
12 MAIDEN NAME MARA C Tralle	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Carroll Coo Mother	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Chas Spelicer	Former or
(Address) Westminster, Md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 1 29 WG Blown	20 UNDERTAKER LOCKE JAM 30, 1914
Filest CML 1914 CONVINCE RECISTRAR	Mrs. M. Stores Westerinston
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Mid,

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.: Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial mephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 de.; State cause for Examples: For VIO-



state OCCUPATION IS PHYSICIANS RECORD 0 PERMANENT EXACTLY. Exact ciassified. 4 properiy INK supplied UNFADING certificate. 90 back termi nid UO plain PLAINL instructions information 2 DEATH WRITE See o Item OF mportant.

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PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. Write the word) (Day)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

of street and number. 7 DATE OF BURIAL DRESS

Ilf death occurred toWard) a hospital or institution. give its NAME lostead MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIF 6 DATE OF BIRTH 7 AGE It LESS than and that death occurred on the date stated above, 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? 6 OCCUPATION (a) Frade, profession, or vular hoa particular klod of work. (h) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country State the DISEASE CAUSING DEATH on in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country ___ yrs. mos. ds. State yrs, ____ Where was disease contracted. 14THE ABOVE If out at place of death?-Former or usual residence

If more blanks are needed, address State Registrar, o m. pranklin St., Balto., Requesting V. S. No.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

should be taken to report specifically the occupations duties of the household only (not pald Housekeepers it should be used only when needed. cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples:



7. S. No. 1.

	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on host of confidents.
RECORD	PHYSICIAN of OCCUP
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	EXACTLY.
A PER	stated d. Exac
18 18	hould be
NK-TH	AGE s properly
DING II	supplied.
UNFA	carefully that it
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AINLY,	-Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it manipulate to be the second contributed.
ITE PL	DEATH I
WR	SE OF
	N. B.—Ever CAU

PLACE OF DEATH	STATE OF MARYLAND
A LANGE OF DEATH	12 1
County Carroll.	CERTIFICATE OF DEATH
County Liam Co	Registration Dist. No. 7
Village or City Patapago (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME Oralles Dy	Res
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hule Single, Married, Wisowed (Write the word)	(Month) (Day) (Yeat)
8 DATE OF BIRTH	
3 17 ,823	DZS, 3/ 1913, to fand, 7 , 1914,
(Month) (Day) (Year)	that I last saw has alive on the T. 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 1.300, m.
90 yrs. 9 mos. 20 ds. ormin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	- franka Virialiani
(a) Frade, profession, or particular kind of work Kenned Farmer	
(b) General nature of Industry.	***************************************
business, or establishment in -	(Duration) yrs, mos / ds.
which employed (or employer)	Contributory 16 zust Failure
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF FATHER	(Signed) Edgar M. Push M. D.
11 BIRTHPLACE	1/7/ /, 1914 (Address) Hampslind Md
Z (State or country) Mary Cana	*Attate the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
T 12 MAIDEN NAME OF MOTHER - Industry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mausland	At place In the
(State or country) / Mary Curch.	ot death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Aurun & Jupion	Former or usual residence.
(Address) a Hampstead mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Wesley Chape 1914
Filed Jassey 82, 1914	20 UNDERTAKER ADDRESS
AND JOSEPHAR	C.VI / When & Son Hampstoad
If more Manks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis, mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... nant neoplasms); Measles; Whooping cough; Chrosio The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-



V. S. No. 1.

		should state
	RECORD	PHYSICIANS of OCCUPA
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURATION is very important. See instructions on back of certificate.
V. S. No. 1.		N. B.—Evel CAU Imp

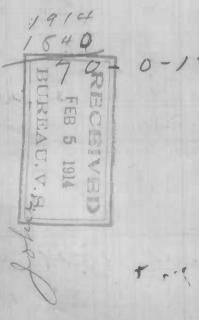
Village or City Linear Breel, 7No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred to a hospital or institution, give its NAME instead of street and number.]
FULL NAME Of Our Sur	orgias
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married, Wioweld (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw h in alloon Del rot Rev him Alin
70 yrs. 0 12 ds. 0Rmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary Cuesta Sullation of Fear (Duration) yrs. mos. ds.
10 NAME OF FATHER 2002 ENDING 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER 2004 12 MAIDEN NAME OF MOTHE	(Signed) yrs mos ds. (Signed) Q , M. D. ALA . 2 L., 191 4. (Address) Ullian Bully Md *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 January	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence.
Filed June 29", 191 4 Leslie ARaffe Register Reg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL 20 UNDERTAKER Frankly St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carholic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanitlon," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) ORDIVORCEO (Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 10 assister 9 BIRTHPLACE (State or country) Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME OF MOTHER TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. mos. ds. State yrs. ... Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL Filed. If more blanks are needed, address State lowistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death-Name, first, the nisease causing meath (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinoscipalistics of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acctwhich surgical operation was undertaken. cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify ail diseases resulting from "Senife," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 Examples: For vio-



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RECORD	PHYSICIANS of OCCUPAT	(
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH	STATE OF MARYLAND			
PLACE OF DEATH				
County Carroll 1	CERTIFICATE OF DEATH			
1 / V	Registration Dist. No. / 6			
Village or City Westernston	[If death occurred in			
(No.	St.; Ward) a hospital or institution, give its NAME instead			
FULL NAME mangaset dies. Assifle gre ins name inste of street and number.				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE 6 SINGLE,	16 DATE OF DEATH			
WIDOWED. WALLOW	(Month) (Day) (Year)			
Terrale White (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from			
6 DATE OF BIRTH	Jany 1 1918 10 Jun 1 7 6 191 24			
dec 5 1829	0 0 - 6-			
(Month) (Day) (Year)	that I list saw h allve on 40 1913			
7 AGE If LESS than	and that death occurred on the date stated above, at			
1 day,hrs.	The CAUSE OF DEATH* was as follows:			
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business, or establishmenf in which employed (or employer)	(Duration) yrs. mos. ds.			
	Contributory Old age			
9 BIRTHPLACE (State or country) Munufface	(Secondary)			
10 NAME OF	(Duration) yrs mos ds.			
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on 11 BIRTHPLACE	Jan 27, 191 + (Address) & Extento well			
Z (State on country)				
W JANAGA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-			
OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.			
Priory " I marine	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
13 BIRTHPLACE OF MOTHER	At place In the			
(State or country) Ungame	of death yrs, mos, ds. State yrs, mos ds. Where was disease confracted,			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?			
· (Informant) - Tlange W Willen	Former or			
Out a	usual residence			
(Address) Westseemter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
15 1 A & 1 . HO ();	Westminter Jan 22, 1914			
Filed Lan. St., 1914 Odware V. Herena	20 UNDERTAKER ADDRESS			
REGISTRAR	Trank Coloanes West			
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.				

[Approved by U. S. Census and American Public Health
Association.]

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PHYSICIANS should of OCCUPATION IS Registration Dist. No RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 18 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, Warred MARRIED, Write the word) 17 Exact 8 DATE OF BIRTH ated Z 0 classified. 4 (Year) (Month) (Day) SI 7 AGE If LESS than C 1 dayhrs. UNFADING INK-THIS 0 OR 7 BOCCUPATION (a) Frade, profession, or SERVED particular kind of work. supplied. (b) General nature of industry, business, or establishment to (Duration) which employed (or employer) Contributory... certificate BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 50 ARGIN WITH back BIRTHPLACE Z term OF FATHER should (State or country) Ш uo AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 0 OR RECENT RESIDENTS) 13 BIRTHPLACE Ľ At place PL OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. DEATH Where was disease contracted. WRITE if not at place of death?. Sec Jo Former or Item 10 usual residence. Important. Every It 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER

PLACE OF DEATH

County.....

state

STATE OF MARYLAND CERTIFICATE OF DEATH

St.:.....Ward)

Ilt death occurred in a hospital or institution. give its NAME Instead

of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:yrs......mos... *State the DISMASH CAUSING DMATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, in the State yrs. ____ mos.

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

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RECORD PERMANENT UNFADING WRITE

pinous OCCUPATION .Ward) PERSONAL AND STATISTICAL/PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 4 COLOR OR RACE MARRIED, Karric WIDOWED. onth) (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. (Month) (Year) 7 AGE If LESS than 1 day, hrs. The CAUSE OF DEATH* OR 7 Droberiy 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in may (Duration) which employed (or employer) certificate. BIRTHPLACE Contributory (State or country 10 NAME OF FATHER 50 back 11 BIRTHPLACE terms. ARENT should OF FATHER (State or country 12 MAIDEN NAME plain Instructions OF MOTHER OR RECENT RESIDENTS) ۳ 13 BIRTHPLACE At place OF MOTHER (State or country) DEATH ot death _____ yrs. ____ mos. ____ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE It not at place of death?. 50 Former or OF usual residence mportant. Ш 19 PLAGE OF BURIAL OR Every 15 20 UNDERTAKER m REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

Ilt death occurred in a hospital or institution. give Its NAME instead ot street and number.]

(Year

(Day

and that death occurred on the date stated above State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State _____ yrs._ DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PERMANENT NX UNFADING Item

Every

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 3 SEX MARRIED. WIDOWED. (Write the word) 6 DATE OF BIRTH (Month) (Day) If LESS than 7 AGE 1 day 19 hrs. CCUPATION (a) Trade, protession, or particular kind et work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Address) 1 1 BIRTHPLACE LVI (State or country) AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. Where was disease contracted. 14THE ABOVE IS TRUE TO If not at place of death? ... Former or mportant. 15

REGISTRAR

If more blanks are needed, address State Regis fran & E. Franklin St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 74

St:Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and number. 7

MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY. That I attended deceased from 1914 to Jan and that death occurred on the date stated above, at 7. The CAUSE OF DEATH * was as jollows: *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State _____ yrs, ____ mos, ... DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (rettred 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal statement. Never return "Laborer," "Foreman," it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at heginning of illgainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer or Planter, As examples: (6)

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinlossis of lungs, meninges, peritonacum, etc.. Carcinlossis

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undentaken. For wo mia," "l'UERPERAL peritonitis," etc. ehlidbirth or miscarriage, as "Purnperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 de .: affection need not he stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncoplasms) ; Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the Americau Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may he stated under the head of "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of . (name origin; "Can State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 5 1914
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7. S. No. 1.

PLACE OF DEATH 442	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
in fi	Registration Dist. No. # 16
Village or City / Much Cova Justin	St., Ward) [It death occurred in a hospital or institution, give its NAME instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female While (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH Morch 20, 1908 (Month) (Day) (Year)	that I last saw her alive on Jan 28 27, 1914
7 AGE 1 If LESS than 1 day,	and that death occurred on the date stated above, at fram. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Siptu oru harat-
business, or establishment to which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Carroll low Mol	Contributory Macuia (Secondary) Duration) yrs 3 mes — ds.
on 11 BIRTHPLACE	(Signed) - Clear R. Jouts N. D.
T BIRTHPLACE OF FATHER (State or country) Carroll les 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Carroll Con Mid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) A1 place 10 death yrs mos ds. State yrs, mos ds.
(Informant) Philips I Maghet	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Vestimusty Mid	Nostricuster Course Jan 26, 1914
Filed Jan 25-, 1914 Odrew H. Survey REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS
	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERFEBAL peritoritis," etc. State cause for childbirth or miscarriage, as "Purperal scotichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; Never report Examples:

